

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Casa Cab			Date M M / D D / Y Y Y Y Y Y 10 / 10 / 2012		
Mailing Address 8278 Elswick Ln			Amount 39.00		
City Henrico		State VA	Zip Code 23294		
Purpose of Expenditure Cab		Category/ Type 002		Transaction ID : SE.4225	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 549143.89			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee Casa Cab			Date M M / D D / Y Y Y Y Y Y 10 / 10 / 2012		
Mailing Address 8278 Elswick Ln			Amount 30.00		
City Henrico		State VA	Zip Code 23294		
Purpose of Expenditure Taxi		Category/ Type 002		Transaction ID : SE.4226	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 549104.89			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Emily Buchanan</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 12 / 2012	

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

FEC IDENTIFICATION NUMBER ▼

C C00530766

Check If ☒ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Galaxy Cab

Date

MM / DD / YYYY

Mailing Address 318 North Arch Rd
Ste 100-B

Amount

12.00

City State Zip Code
Richmond VA 23236

Transaction ID : SE.4224

Purpose of Expenditure
Cab

Category/
Type 002

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 549074.89

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

United Airlines

Date

MM / DD / YYYY

Mailing Address 77 West Wacker Drive

Amount

25.00

City State Zip Code
Chicago IL 60601

Transaction ID : SE.4223

Purpose of Expenditure
Bag Fee

Category/
Type 002

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 549062.89

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

37.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

106.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

Signature